No. 300
10.48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11172

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 18

0080 3

1. PLACE OF DEATH
a. COUNTY: Benton - Inca Life
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warsaw (Rural)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edwards (Rural)
d. STREET ADDRESS (If rural, give location): 0080

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Edward
c. (Last): Burns

4. DATE OF DEATH (Month) (Day) (Year): Apr 21 1954

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 24 1918
9. AGE (In years last birthday): 36 — If under 1 year: Months 8, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Benton Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Howard Burns
13b. MOTHER'S MAIDEN NAME: Linda Wilson
14. NAME OF HUSBAND OR WIFE: Sylvia Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 533-26-7271
17. INFORMANT'S SIGNATURE OR NAME: Sylvia Burns
ADDRESS: _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain injury & hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of skull
DUE TO (c) Blow from heavy limb of tree E910 1/3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN TIMBER
21c. (CITY, TOWN, OR TOWNSHIP) Warsaw (COUNTY) Benton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 21, 1954 12:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Cutting down tree and limb fell on him.

22. I hereby certify that I attended the deceased from never, 19___, to never, 19___, that I last saw the deceased alive on never, 19___, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Harold B. Wuthrich DO
23b. ADDRESS: Cole Camp Mo
23c. DATE SIGNED: 4/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 23 1954
24c. NAME OF CEMETERY OR CREMATORY: Brushy Cemetery
24d. LOCATION (City, town, or county) (State): Benton Co., Mo.

DATE REC'D BY LOCAL REG.: Apr 23 1954
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John J. Reser
ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John F. Kesen

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.